

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ST. MARIES, CITY OF
ADDRESS: 602 COLLEGE AVE.
ST. MARIES, ID 83861

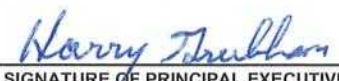
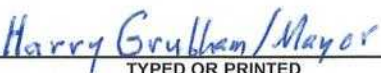
FACILITY: ST MARIES, CITY OF - ST MARIES WWTP
LOCATION: HIGHWAY 3 (COEUR D'ALENE RESERVATION)
ST MARIES, ID 83861

ATTN: MARK REYNOLDS, PUB WORKS DIR

ID0022799	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/1/2015	11/30/2015

DMR Mailing ZIP CODE: 83861
MINOR \$
(SUBR 01) DEC 15 2015
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	2633.44	*****	lb/d	*****	130.75	*****	mg/L	0	1 weekly	comp 24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	6.91	8.01	mg/L	0	1 weekly	comp 24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	7.95	7.95	mg/L	0	1 monthly	comp 24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrite plus nitrate dissolved 1 det.	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.300	1.300	mg/L	0	1 monthly	comp 24
00631 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.82	2.82	mg/L	0	1 monthly	comp 24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	0	0	0	0
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	0	0	0	0
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
 TYPED OR PRINTED			208-245-1930	12/10/15	
			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

11/15 12/15/15 JN

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Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	8.73	10.0	deg C	0	5x weekly	Grab
00010 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	6.59	6.59	*****	mg/L	0	1x monthly	Grab
00300 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY MN	Req. Mon. MO AVG	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	235	352	lb/d	*****	11.70	17.50	mg/L	0	1 weekly	Comp 24
00310 10 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	4157.82	*****	lb/d	*****	221.50	*****	mg/L	0	1 weekly	Comp 24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.56	*****	7.78	SU	0	5x weekly	Grab
00400 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 DAILY MN	*****	8.5 DAILY MX	SU		Weekdays	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	0	0	0	0
00410 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	100.70	100.70	lb/d	*****	5.00	5.00	mg/L	0	1 weekly	Comp 24
00530 10 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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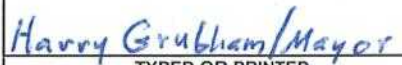
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E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	L2	L2	#/100mL	2	5x per Month	Grab
31648 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.415	3.758	MGD	*****	*****	*****	*****	2	Continuous	Recorder
50050 10 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	2.97	4.83	lb/d	*****	.09	.24	mg/L	2	5x week	Grab
50060 10 Effluent Gross	PERMIT REQUIREMENT	3.89 MO AVG	5.09 DAILY MX	lb/d	*****	.233 MO AVG	.305 DAILY MX	mg/L		Five per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94	*****	*****	%	2	1 weekly	calctd
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****	%	2	1 weekly	calctd
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Weekly	CALCTD

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